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CUSTOMER NO: 61263

Date June 12, 2006 Attorney Docket No. 49979-016US

Fax Transmittal

Total Pages (Including Cover) 6

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To: U.S. PATENT & TRADEMARK OFFICE

Fax No.: 571-273-8300

Message

OFFICIAL COMMUNICATION

RE: U.S. Application No. 10/679,378

Filing Date: October 7, 2003

First Named Inventor: David Carlson, et al.

Art Unit: 1637

Examiner: CHUNDURU, S.

SUBMITTED PAPERS:

-CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 FORM PTO/SB/97 (1 page)

-TRANSMITTAL FORM PTO/SB/21 (1 page)

-FEE TRANSMITTAL FORM PTO/SB/17 (1 page)

-PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (1 page)

-NOTICE OF APPEAL (1 page)

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PTO/SB/97 (09-04)

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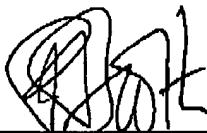
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IDENTIFIED SUBMITTED PAPERS RE: APPLN NO. 10/679,378

- TRANSMITTAL FORM PTO/SB/21 (1 page)
- FEE TRANSMITTAL FORM PTO/SB/17 (1 page)
- PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (1 page)
- NOTICE OF APPEAL (1 page)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**TRANSMITTAL
FORM**

	Application Serial Number	10/679,378
	Filing Date	OCTOBER 7, 2003
	First Named Inventor	DAVID CARLSON, ET AL.
	Group Art Unit	1637
	Examiner Name	CHUNDURU, S. RECEIVED
	Attorney Docket No.	49979-016US CENTRAL FAX CENTER
	Patent No.	Not applicable JUN 12 2006
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Petition for Extension of Time (2-months)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

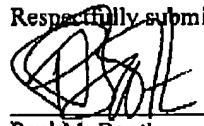
CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

 Paul M. Booth
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400
 Washington, D.C. 20004

FEE TRANSMITTAL FY 2006		<i>Complete if Known</i>			
		Application Serial No.	10/679,378		
		Filing Date	OCTOBER 7, 2003		
		First Named Inventor	DAVID CARLSON, ET AL.		
		Group No.	1637		
		Examiner Name	CHUNDURU, S.		
Confirmation No.	4289				
METHOD OF PAYMENT		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other		4. ADDITIONAL FEES			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity	Small Entity	Fee Description	
<input checked="" type="checkbox"/> Applicant claims small entity status.				Fee (\$)	Fee Paid
FEE CALCULATION					
1. BASIC FILING, SEARCH AND EXAMINATION FEES					
Application Type	Filing	Search	Examination	Fee Paid	
Utility	300	500	200		
Design	200	100	130		
Plant	200	300	160		
Reissue	300	500	600		
Provisional	200	0	0		
<i>Small Entity Discount</i>					
1. TOTAL					
2. EXCESS CLAIM FEES					
	Fee	Small Entity			
Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. 200 100					
Total Claims	Extra Claims	Fee Paid (\$)			
- 20 or HP - x \$ - HP - highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee Paid (\$)			
- 3 or HP - x \$ - HP - highest number of total claims paid for, if greater than 3					
Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)		
	360	180			
2. TOTAL:					
3. APPLICATION SIZE FEE					
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	
-100=	0	round up to a whole number	x -	0.00	
3. TOTAL:					
CORRESPONDENCE ADDRESS					
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4. ADDITIONAL FEES					
Fee (\$)	Fee (\$)	Fee Description			
130	65	Surcharge - late filing fee or oath			
50	25	Surcharge - late provisional filing fee or cover sheet			
130	130	Non-English specification			
2,520	2,520	Request for ex parte re-examination			
120	60	Extension for reply within 1 st mo.			
450	225	Extension for reply within 2 nd mo.			
1,020	510	Extension for reply within 3 rd mo.			
1,590	795	Extension for reply within 4 th mo.			
2,160	1,080	Extension for reply within 5 th mo.			
500	250	Notice of Appeal			
500	250	Filing a brief in support of an appeal			
1,000	500	Request for oral hearing			
400	0	Petitions to the Director			
180	180	Submission of IDS			
790	395	Filing a submission after final rejection (37 CFR 1.129(a))			
790	395	For each additional invention to be examined (37 CFR 1.129(b))			
100	100	Certificate of Correction for applicant's error			
130	65	Submission of Terminal Disclaimer			
Other fee (Specify) Notice of Appeal 250.00					
Other fee (Specify) 4. TOTAL: 475.00					
TOTAL AMOUNT SUBMITTED (\$475.00)					
SIGNATURE BLOCK					
Respectfully submitted,  Paul M. Booth Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004					